

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND. DEP. IND. DEP. IND. DEP.
1	1						51	
2		1					52	1
3		1					53	1
4		1					54	1
5		1					55	
6		81					56	
7		91					57	
8	1						58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13	1						63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18	1						68	
19	1						69	
20		1					70	
21		1					71	
22		41					72	
23		41					73	
24	1	41					74	
25		1					75	
26	1						76	
27		1					77	
28		41					78	
29		41					79	
30		41					80	
31		41					81	
32	1	41					82	
33		1					83	
34		1					84	
35		1					85	
36		1					86	
37		1					87	
38		1					88	
39		1					89	
40		1					90	
41		1					91	
42		1					92	
43		1					93	
44	1						94	
45		1					95	
46		1					96	
47		21					97	
48		81					98	
49	1						99	
50		1					100	
TOTAL IND.	10	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	70	↓		↓		↓	TOTAL DEP.	↓
TOTAL CLAIMS	80						TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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